pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EMERITUS CORPORATION**
LEGAL ENTITY

To operate **EMERITUS AT BLOOMSBURG**
NAME OF FACILITY OR AGENCY

Located at **420 SHAFFER ROAD, BLOOMSBURG, PA 17815**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

PROVISIONAL

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **67**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **February 3, 2015** until **August 3, 2015**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 211201

Robert E. Robinson
ISSUING OFFICER

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 12/14

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: FEB 0 4 2015

Ms. Melanie Werdel, EVP of Administration
Emeritus Corporation
3131 Elliott Avenue, Suite 500
Seattle, Washington 98121

RE: Emeritus at Bloomsburg
420 Shaffer Road
Bloomsburg, Pennsylvania 17815
License #: 211201

Dear Ms. Werdel:

As a result of the Department of Human Services' (Department) licensing inspection on September 30, 2014, October 7, 2014 and November 12, 2014 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #211200 dated June 17, 2014 to June 17, 2015 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 17, 2014 to June 17, 2015 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

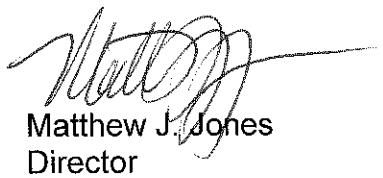
All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: EMERITUS OF BLOOMSBURG	License Number: 21120
Address: 420 SHAFFER ROAD, BLOOMSBURG, PA 17815	County: Columbia
Administrator: MARITA SPOCK	Region: NORTHEAST
Legal Entity Name: EMERITUS CORPORATION	
Legal Entity Address: 3131 ELLIOT AVENUE STE 500, SEATTLE, WA 98121	

Certificate(s) of Occupancy

C-2 LP
02/26/1997
LABOR AND INDUSTRY

Staffing Hours

Resident Support: 0 | Total Daily Staff: 62 | Waking Staff: 47

Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Complaint

On-Site Inspections Dates and Department Representatives On-Site

09/30/2014: Dumas, Gerald; Yellenic, Cindy
10/07/2014: Dumas, Gerald; Yellenic, Cindy

Off-Site Inspection Dates and Inspectors, if Applicable

10/01/2014: Dumas, Gerald
10/03/2014: Dumas, Gerald
10/07/2014: Dumas, Gerald
10/09/2014: Dumas, Gerald
10/15/2014: Dumas, Gerald

Other Details

Partial or Full Triggers: | Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 67	Number of Residents who:
Number of Residents Served: 50	Receive Supplemental Security Income: 2
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 48
Area:	Have Mental Illness: 0
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 12
Number of Current Hospice Residents: 0	Have a Physical Disability: 0
Number of Hospice Residents in past year: 8	

Violation Report: 21120 - 09/30/2014 - Dumas, Gerald
PCH Name: EMERITUS OF BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
The home failed to notify the local Area Agency on Aging regarding an allegation of abuse by staff persons A and B against resident #1. The incident occurred on 9/20/14 and involved the staff persons physically restraining resident #1 and forcing the resident to take medications against their will. This incident was reported to Resident Care Director E on 9/21/14 by staff person C.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Emeritus at Bloomsburg

Plan of Correction-REVISED

The following is the Plan of Correction for Emeritus at Bloomsburg regarding the Statement of Deficiency dated November 6, 2014 for the incident follow-up on September 30, 2014 and October 7, 2014. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Regulation 2600.15 (a)
On October 7, 2014, the Act 13 document was completed and sent to the Area Office on Aging by the Executive Director. On October 1, 2014 and October 2, 2014 appropriate staff members were retrained on the OAPSA Act and their responsibility to immediately report suspected abuse to the Columbia Montour Area Agency in Aging. Phone numbers of the agency were provided for the staff and posted in the community. The community will continue to provide education on the community's policy regarding Abuse and Neglect at employee orientation along with scheduling the Area Agency on Aging to provide education annually. Training will also be conducted in individual circumstances as warranted. The Executive Director or designee will review orientation and annual training for completion of required trainings. In addition, the Admor Des. will ensure timely reporting at night, on weekends and holidays as required
Evidence: training attendance sheets

To be completed: October 10, 2014 and on going

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Marita Menghini-Spock			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Marita Menghini-Spock Executive Director		**Date** 12/04/14	

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-5-14 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 12-5-14 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 21120 - 09/30/2014 - Dumas, Gerald
PCH Name: EMERITUS OF BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION
On 9/21/14, Resident Care Director E was notified of an allegation of abuse against Resident #1 by Staff Person A that occurred on 9/20/14. The home did not notify the resident's designated person until 10/13/14 after being directed to do so by a BHSL Licensing Representative.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.15 (d)

A family meeting was held with Resident #1's daughter and her husband, Resident Care Director, and the Executive Director on October 13, 2014 to notify them of the allegation of abuse. On October 1, 2014 and October 2, 2014 appropriate staff were retrained by the Executive Director on the community's policy on Abuse Reporting and Preventing Resident Abuse. The community will continue to provide education on Abuse and Neglect reporting at employee orientation along with annually by the Area Agency on Aging. The Executive Director or designee will review orientation and annual training for completion of required trainings. The Executive Director or designee will reiterate to staff the importance of continuing to report any witnessed situations where residents are mistreated, abused or neglected. Ongoing the resident and their families will be immediately notified of any event of mistreatment, neglect or abuse.

Evidence: training attendance sheets, policy on Preventing Resident Abuse

To be completed: October 15, 2014 and on going

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spoek

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spoek Executive Director | **Date** 12/04/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of. 12-5-14 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 12-5-14 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 21120 - 09/30/2014 - Dumas, Gerald
PCH Name: EMERITUS OF BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
The home failed to report to the BHSL Northeast Regional office or the personal care hotline within 24 hours of an incident on 9/20/14 in which resident #1 was manually restrained and was forced to take medication against their will as well as a rights violation that occurred during the same incident when staff person A was overheard by witnesses making inappropriate and threatening comments in front of and toward resident #1. This incident was reported to Resident Care Director E on 9/21/14 but no incident report was submitted to BHSL until 10/9/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.16 (c)

The Executive Director will re-train the appropriate staff by November 20, 2014 regarding DPW Regulation 2600.16 – Abuse reporting, Resident Rights , and on the community's policy entitled Preventing Resident Abuse. The appropriate staff were also educated on the 19 events that warrant notification to the licensing agency. The community will continue to train staff on reportable events and immediate reporting requirements. The Executive Director and/or her designee will reiterate to staff the importance of continuing to report any witnessed situations where residents are neglected or abused. The Executive Director or designee will monitor for compliance and continue to raise staff awareness at monthly staff meetings and through training.

Evidence: training attendance sheet

To be completed: November 20, 2014 and on going

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock, Executive Director **Date** 12/04/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-5-14 (Date)
on site verification 12-18-14.

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 12-18-14 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 21120 - 09/30/2014 - Dumas, Gerald
PCH Name: EMERITUS OF BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
On the evening of 9/20/14, resident # 1 was verbally threatened by staff person A to take a PRN medication for anxiety against their will. Staff person A stated to staff person C in resident # 1's presence "Pretty soon I'm shoving the f...ing thing down her throat." Staff person A then stated to resident # 1 "Enough of your games, you are taking this (medication)." Staff person A then proceeded to manually restrain resident #1 by holding their chin and then attempted to force the medication into the resident's mouth with a spoon of ice cream. Staff person B also manually restrained resident #1 during this incident by wrapping her arms around the resident from behind. During this incident, resident #1 was observed by witnesses crying and stating "You're breaking my teeth."

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.42 (b)

Staff person A was placed on administrative leave and subsequently terminated following the outcome of the community's investigation. Staff person B was placed on administrative leave and subsequently terminated following the outcome of the community's investigation of the incident. On October 1, 2014 and October 2, 2014 appropriate staff were retrained by the Executive Director on the community's policy on Abuse Reporting and on Resident Abuse. The community will continue to provide education on Abuse and Neglect reporting during orientation along with annually by the Area Agency on Aging. The Executive Director or designee will review orientation and annual training for completion of required trainings. The Executive Director or designee will monitor for compliance and continue to raise staff awareness at monthly meetings.

Evidence: training attendance sheets, policy on Preventing Resident Abuse

To be completed: October 15, 2014 and on going

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Marita Menghini-Spock			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Marita Menghini-Spock, Executive Director	**Date** 12/04/14		

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-5-14 (Date)

The above plan of correction was approved by DP (Initials)

Plan of correction implementation status as of 12-18-14 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☒ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 21120 - 09/30/2014 - Dumas, Gerald
PCH Name: EMERITUS OF BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
The home's medication policy states "Controlled medications will be counted shift to shift by 2 authorized personnel and utilizing the controlled drugs count sheet." The count sheet for Resident #2 is missing for the medication Lorazepam 0.5mg, from 9/7/14 to 9/21/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.185 (a)

The shift to shift count sheet following completion of use for Lorazepam 0.5 mg from 9/7/14 through 9/21/14 is currently unable to be located. The shift to shift count sheet for the Lorazepam 0.5mg was completed and all medications were accounted for prior to its loss. On October 7, 2014 the Executive Director and Resident Care Director audited controlled medications verifying each medication had a corresponding count sheet and that the available medication doses on the count sheet corresponded appropriately. The Medication Technicians and the Licensed Practical Nurses were retrained on the community's Medication Administration Policy and on Medication and Treatments: Controlled Substances Count on November 12, 2014 by the Resident Care Director. The Resident Care Director will randomly audit twice weekly the controlled substance medications and corresponding count sheets for accuracy for 4 months. The Executive Director will monitor for compliance.

Evidence: training attendance sheet, policy on Medication &Treatments: Controlled Substances Count

To be completed: November 20, 2014 and on going

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock, Executive Director **Date** 12/04/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-5-14 (Date)
On-Site Verif. 12/18/14

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 12-18-14 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 21120 - 09/30/2014 - Dumas, Gerald
PCH Name: EMERITUS OF BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION
Resident #3's current prescription of Lorazepam 0.5mg was administered to Resident #1 at approximately 10:20pm on 9/20/14. This was done at the direction of Resident Service Director E, who advised staff person A that they could "borrow" the PRN medication form another resident, if necessary; as resident #1 did not have their own supply of the medication in house.
Resident #2's current prescription of Lorazepam 0.5mg was administered to Resident #1 at 7:00pm on 9/21/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.186 (b)

A supply of Lorazepam 0.5 mg was obtained from the pharmacy as written by the physician for resident #1 the next business day. The pharmacy replaced the one Lorazepam 0.5 mg tablet for resident #2 and resident #3. The 3 residents were supplied with their own PRN Lorazepam 0.5mg.The count sheets for the 3 residents were verified by the pharmacist and the Resident Care Director that the count sheets corresponded to the number of available tablets. On October 7, 2014 the Executive Director and Resident Care Director audited residents prescribed a controlled substance to verify each had their own supply of medications that corresponded to the physician orders. The Resident Care Director or designee will verify new move-ins have the resident's medications available according to physician order. The Medication Technicians and the Licensed Practical Nurses were retrained on the community's policy- Medications & Treatments: Availability on November 12, 2014 by the Resident Care Director. The number for the on-call pharmacist was given in the event that a medication should be needed. The Medication Technicians and nurses were educated to initially notify the on-call pharmacist to make aware of the needed medication. The next call should be made to the Resident Care Director/designee so that they are aware of the situation. They were also instructed that if the medication is not received within 2 hours, a second call should be made to the Resident Care Director/designee so that they could then contact the pharmacist. The Resident Care Director was counseled regarding borrowing of medications from one resident to another. She was re-educated on the state regulations regarding the administration of medications. The Resident Care Director or designee will conduct a cart to Medication Administration Record (MAR) monthly on 10% of the residents on a rotational basis for 4 months to verify that routine and PRN medications are available for each resident as ordered.

Evidence: training attendance sheet, policy on Medication& Treatment: Availability

To be completed: November 20, 2014 and on going

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock, Executive Director **Date** 12/04/14

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The above plan of correction is approved as of 12-5-14 (Date)
on-site visit 12/18/14

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 12-18-14 (Date)

- [ ] Fully Implemented
- [X] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21120 - 09/30/2014 - Dumas, Gerald
PCH Name: EMERITUS OF BLOOMSBURG

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

(1) Resident's name.
(2) Drug allergies.
(3) Name of medication.
(4) Strength.
(5) Dosage form.
(6) Dose.
(7) Route of administration.
(8) Frequency of administration.
(9) Administration times.
(10) Duration of therapy, if applicable.
(11) Special precautions, if applicable.
(12) Diagnosis or purpose for the medication, including pro re nata (PRN).
(13) Date and time of medication administration.
(14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

On 9/20/14 at 10:00pm, Resident #3's Lorazepam 0.5mg was administered to Resident #1. It was not accurately recorded in either resident's Medication Administration Record.
On 9/21/14 at 7:00pm, Resident #2's Lorazepam 0.5mg was administered to Resident #1. It was not accurately recorded in either resident's Medication Administration Record.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.187 (a)

The Resident Care Director verified Lorazepam 0.5 mg was accurately transcribed to the MAR's for each resident and that each entry on the MAR compared to the physician Order Sheets. The Executive Director retrained the Resident Care Director, Licensed Practical Nurses and the Medication Technicians on the community policy on Medication & Treatment-Medication Administration Record (MAR)on November 12, 2014. New admission orders as well as new physician orders will be reviewed by 2 licensed nurses to verify accuracy. Random weekly audits of the MAR for accuracy will be conducted by the Resident Care Director or designee. The Executive Director will monitor for compliance.

Evidence: training attendance sheet

To be completed: November 12, 2014 and on going

Repeat Violation: No	**Date(s) of Previous Violation(s):**			

Signature of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock, Executive Director **Date** 12/04/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-5-14 (Date)
on-site verif - 12/18/14

The above plan of correction was approved by QD (Initials)

Plan of correction implementation status as of 12/18/14 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 21120 - 09/30/2014 - Dumas, Gerald
PCH Name: EMERITUS OF BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
On 9/18/14, resident #1 was prescribed the PRN medication Lorazepam 0.5mg. The prescription was not filled until 9/22/14. The resident received two doses of this medication, one dose on 9/20/14 from Resident #3 and a second dose on 9/21/14 from Resident #2.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.187 (d)

The Resident Care Coordinator retrained the appropriate staff regarding the community's policy on Medication Administration and not borrowing medications from other residents. October 1, 2014 and October 2, 2014 The Resident Care Director or designee will audit every new move-in within 24 hours to verify medications have been received from the pharmacy. The number of the on-call pharmacist was given to appropriate staff. The Medication Technicians and nurses were educated to initially notify the on-call pharmacist to make them aware of the needed medication. The next call should be made to the Resident Care Director/designee so that they are aware of the situation. They were also instructed that if the medication is not received within 2 hours, a second call should be made to the Resident Care Director/designee so that they could then contact the pharmacist. The Resident Care Director was counseled regarding borrowing of medications from one resident to another. She was re-educated on the state regulations regarding the administration of medications. The Executive Director or designee will monitor for compliance and continue to raise staff awareness at monthly meetings and through training.

Evidence: training attendance sheet

To be completed: November 1, 2014 and on going

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Marita Menghini Spock

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock, Executive Director Date 12/04/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-5-14 (Date)
onsite ver. 12/18/14

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 12-18-14 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 21120 - 09/30/2014 - Dumas, Gerald
PCH Name: EMERITUS OF BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION
Staff persons A, B, C and D, failed to continue to use positive interventions for resident #1 (admitted on 9/19/14), who began exhibiting behaviors of agitation and anxiety on the evening of 9/20/14. Resident # 1 was yelling, attempting to enter other resident's rooms and attempted to leave the building out of emergency exit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.201

For new admissions, Resident Care Director will review prior documentation to identify potential behaviors and triggers to better establish a supportive environment. Positive behavioral strategies will be noted on the RASP/ support plan as well as best strategies for success with residents with challenging behaviors. On October 1, 2014 and October 2, 2014 appropriate staff were retrained by the Executive Director on positive approaches to behavioral interventions which includes safe management techniques and de-escalation. These interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, de-escalating techniques and alternative techniques or methods to identify and defuse potential emergency situations. Positive behavioral management techniques will be included in orientation as well as least one presentation annually. The Executive Director or designee will monitor for compliance and continue to raise staff awareness at monthly meetings and through training.

Evidence: training attendance sheet

To be completed: November 10, 2014 and on going

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock, Executive Director — Date 12/04/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-5-14 (Date)
on site Verif. 12-18-14

The above plan of correction was approved by CD (Initials)

Plan of correction implementation status as of 12-18-14 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 21120 - 09/30/2014 - Dumas, Gerald
PCH Name: EMERITUS OF BLOOMSBURG

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

(1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.

(2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.

(3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.

(4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.

(5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.

(6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #1 was manually restrained during an incident that occurred on 9/20/14 at approximately 10:20pm. Staff person A held the residents hands (staff A's hand over both of resident # 1's hands) while staff person B hugged resident # 1 from behind, thereby restricting resident # 1's body movement. Staff person A then held resident #1's chin while forcing PRN medication for anxiety into the resident's mouth in a spoon of ice cream.

Resident #1 was also chemically restrained during the incident on 9/20/14 at approximately 10:20pm. Resident # 1 was forcibly administered PRN Ativan 0.5 for anxiety against her will by staff person A. Resident # 1 had refused to take the medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.202

Direct care staff person A was put on administrative suspension pending the outcome of the community's investigation. Staff person A was subsequently terminated following the outcome of the community's investigation of the incident. Direct care staff person B was put on administrative suspension pending investigation. Staff person B was subsequently terminated following the outcome of the community's investigation of the incident. . The Resident Care Coordinator retrained the appropriate staff regarding DPW Regulation 2600.202, Prohibited Restraint Use on October 1, 2014 and October 2, 2014. The community will continue to provide training on Abuse/Neglect as well as Prohibited Restraint use (such as seclusion, aversive conditioning, pressure point techniques, chemical restraints, mechanical restraints, and manual restraints) at orientation, annually and as needed. On October 1, 2014 and October 2, 2014 appropriate staff were retrained by the Executive Director on positive approaches to behavioral interventions which includes safe management techniques and de-escalation. These interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, de-escalating techniques and alternative techniques or methods to identify and defuse potential emergency situations. The Executive Director and/or her designee will reiterate to staff the importance of continuing to report any witnessed situations where residents are mistreated, neglected or abused. The Executive Director or designee will audit for compliance and continue to raise staff awareness at monthly meetings and through training.

Evidence: training attendance sheet

To be completed: November 20, 2014 and on going

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock, Executive Director — **Date** 12/04/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-8-14 (Date)
on site verif. 12-18-14.

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 12/18/14 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☒ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: EMERITUS AT BLOOMSBURG	License Number: 21120
Address: 420 SHAFFER ROAD, BLOOMSBURG, PA 17815	County: Columbia
Administrator: Marita Menghini - Spock	Region: NORTHEAST

Legal Entity Name: EMERITUS CORPORATION

Legal Entity Address: 3131 ELLIOTT AVENUE STE. 500, SEATTLE, WA 98121

Certificate(s) of Occupancy

C-2 LP
02/26/1997
Department of L&I

Staffing Hours

Resident Support: 0	Total Daily Staff: 62	Waking Staff: 47
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)

Complaint, Incident

On-Site Inspections Dates and Department Representatives On-Site

11/12/2014: Hummel, Jesse

Off-Site Inspection Dates and Inspectors, If Applicable

Other Details

Partial or Full Triggers:

Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 67

Number of Residents Served: 51

Secured Dementia Care Unit In Home: No

Area:

Secured Dementia Unit Capacity, If Applicable:

Number of Residents Served in Secured Dementia Care Unit, If applicable:

Number of Current Hospice Residents: 0

Number of Hospice Residents in past year: 8

Number of Residents who:

Receive Supplemental Security Income: 2

Are 60 Years of Age or Older: 50

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 11

Have a Physical Disability: 2

Violation Report: 21120 - 11/12/2014 - Hummel, Jesse
PCH Name: EMERITUS AT BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
On 11/6/14 Administrator A was notified that staff person B posted pictures of recently deceased resident #1 on social media sites. On 11/7/14 Administrator A determined that staff person C and staff person D also posted pictures of resident #1 on social media sites.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The following is the Plan of Correction for Emeritus at Bloomsburg regarding the Statement of Deficiency dated November 20, 2014 for the incident follow-up on November 12, 2014.The following is the Plan of Correction is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Regulation 2600.42 (s)

On receiving the complaint from an outside source, the Executive Director self-reported the allegation to the Department of Public Welfare on November 7, 2014. Based upon our investigation, direct care staff person B is no longer employed at this community. Staff person C and staff person D have been disciplined in accordance with the community policy. The Executive Director re-trained the appropriate staff regarding DPW Regulation 2600.42 - Resident Rights and on the community's policy entitled Preventing Resident Abuse on November 7, 2014. The Executive Director and/or designee will reiterate to staff the importance of continuing to report any witnessed situations where residents are not treated with respect and their right to privacy. The Executive Director or designee will monitor for compliance and continue to raise staff awareness at monthly staff meetings and through training.

Evidence: training attendance sheet

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock, Executive Director — Date 11/29/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 01-07-15 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 1-8-15 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented